



Water Compliance Inspection Report

Section A: National Data Coding (i.e., PCS)

Transaction	Code	NPDES	yr / mo / dy	Inspection Type	Inspector	FacType																					
1	N	2	3	T	N	G	1	1	0	1	1	8	11	12	1	2	0	8	2	1	17	18	C	19	S	20	2
Remarks																											

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved																								
67			69	70	4	71		72		73		74		75														

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)	Entry Time / Date	Permit Effective Date
Abernathy Concrete Co.	10:15/8/21/2012	11/15/2007
734 South First St. Pulaski, TN 38478	Exit Time / Date	Permit Expiration Date
	11:00/8/21/2012	10/31/2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Mr. Bill Abernathy 931-363-1527		
Name, Address of Responsible Official / Title / Phone and Fax Number		
Mr. Dendon Abernathy P.O. Box 243 Pulaski, TN 38478		
Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Self-monitoring Program	<input type="checkbox"/> Pretreatment Program	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records / Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent / Receiving Waters	<input checked="" type="checkbox"/> Operation & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling / Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	See attached letter. ----- ----- ----- ----- -----

Name (s) and Signature(s) of Inspector(s) Gary Horne ES-3 	Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Columbia Environmental Field Office 931 490 3940 / 931 380-3397 (FAX)	Date 8/28/12
Signature of Management Q A Reviewer Ryan Owens EFOM 	Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Columbia Environmental Field Office 931 490 3941 / 931 380-3397 (FAX)	Date 8/30/2012